U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

Form LM 30 (2003)

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Managemen
and Budget
No 1215-0188
Expires 11 30 2006

Page

S DROP	LLY BEFORE PREPARING THIS REPORT
File Number U 5408	2 Fiscal Year Covered From 0 1 / 0 / / 0 5 Through / 2 / 31 / 05
3 Name and address of person filing Name JAM ES BAKEΛ	4 Name file number and address of labor organization OPERATIVE PLASTERS + CEMENT MAS LOUGL 89/ Labor Organization File Number 00/922
Street 7/06 BERKS 4REDR City TEMPLE HILLS	Street 1517 KENI LWOKYH AUG NE- City WASHINGTON
State MD ZIP Code + 4 207 48 5 Position in labor organization PRESIDENT	State DC ZIP Code + 4 20019
Enter appropriate data below if during the past fiscal year you or your se (except as specified in the except as not enterest in engaged in transactions (including loans) with monetary value from an employer whose employees your organize	or derived income or other economic benefit of represents or is actively seeking to represent.
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name Trade Name if any	
Name	7 b Amount
Name Trade Name if any PO Box Bidg Room No if any	7 b Amount

-3-

<u> </u>	File Number U
me of Person Filing	
teid an interest in or derived income or economic benefit with monetary valuestantial part of which consists of buying from selling or leasing to or otherwing the selling or leasing to or otherwing the selling or leasing directly or indicated the selling or leasing directly or indicated with your labor organization or with a trust in which your labor organization.	ely seeking to represent or
tame and address of Business (including trade name if any)	9 Business deals with
une	a Labor Organization
sde Name if any	b Trust
O Box Bldg Room No If any	c Employer
reet	
tate ZIP Code + 4	
	11 a Nature of such dealing
) If 9 b or 9 c is checked give trust or employer's name	The fidule of sectionary
iame	
rade Name if any	
O Box Bldg Room No If any	
Street	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
City Table ZIP Code + 4	12 a Nature of Interest field of Income received
State ZIP Code + 4	
5	
1 -	12 b Amount.
C Received from any employer (other than an employer covered un	nder parts A and B above)
or from any labor relations consultant to an employer any payment of mon	ey or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment CHECKS
Name WASHINGTON DC WELFARE FOND Name WASHINGTON DC PENSION FUND Trade Name If any NOTON DC METRO PAVING	10/08 96
Trade Name is any N9 ton DC METRO PAVING	1.68195
PO Box Bldg Room No if any	668,95
street 4400 POWDER MILL RD CON BELTS UILLE MD 20782	
'cry BELTS UILLE MD 20782	
State MD ZIP Code + 4	
13 b is the Business an Employer or Consultant ?	14 b Amount of payment 236686